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www.womhealth.org.au
Editor’s view

In November 2016, Women’s Health held our Annual General Meeting. Our newly elected Management Committee members include Janette Clonan (Chair), Faileen James (Secretary), Alison Hill (Treasurer), Annie Backhaus, Faiza El Higzi, Johanna Neville, Dr Sanmarié Schlebusch, Shevaun Stuart and Karin Walduck. We would like to congratulate those members who were re-elected as well as welcome the new members to the Committee.

In December 2016, Women’s Health welcomed our new CEO, Caroline Cuckson. Caroline brings a range of experience and skills to the position, including over 15 years’ executive management experience in not-for-profits, government and the commercial sectors. She has managed multiple programs in the community, disability, youth, cultural, children and families, and employment and training sectors in Queensland, NSW and Victoria.

In other news, Women’s Health is currently undertaking the government’s Human Services Quality Framework (HSQF) accreditation. The HSQF is a system for assessing and improving the quality of human services and promoting quality outcomes for people who access these services. It applies to organisations delivering services funded under a service agreement with the Department of Communities, Child Safety and Disability Services.

The framework contains six Human Services Quality Standards including: Governance and management; Service access; Responding to individual needs; Safety, wellbeing and rights; Feedback, complaints and appeals; and Human resources. Women’s Health will undergo the first stage of the accreditation process in early May. If you would like to provide input into our HSQF accreditation, please contact us on (07) 3216 0976.

Kirsten Braun
Editor

If you have any feedback on Health Journey, please contact us via the details opposite.

About us
Women’s Health Queensland Wide Inc (Women’s Health) is a not for profit, health promotion, information and education service for women and health professionals throughout Queensland. Services include:

- **Health Information Line**
  A free information and referral service for Queensland women

- **Health information** and free lending library via www.womhealth.org.au

- **Health education** for community and health professionals.

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If your New Year’s resolutions have come unstuck, here’s how to get back on track.

It is often at this time of year that we give up our New Year’s resolution of being more active. Rather than abandon resolutions altogether, why not take time to re-evaluate them. Use our tips for finding and sticking to a successful exercise regime.

1. Remember what you loved when you were younger
Did you love netball or riding your bike? Remembering what you enjoyed when you were younger can help you find an activity that is enjoyable today. If you loved dancing, for example, a Zumba class at the local gym might be a good match. Similarly, many sports have non-competitive competitions that you can join where the emphasis is on having fun.

2. Schedule exercise
We diarise important work meetings, children’s extra-curricular activities and social activities but we often forget about exercise. Prioritising exercise in the same way that we do for other commitments is a great way to stick at it. Diarising exercise gives a clearer idea of where there might be opportunities for any additional activity. Being able to identify how much time is available can also help you find the right activity. For example, a particular day might be too busy for a proper gym workout but there might be time to squeeze in a brisk walk.

3. Exercise with others
In the same way that scheduling exercise works, exercising with others also provides people with an added motivation. No one wants to let their team down by not turning up for practice or game day. Similarly, you are more likely to go for that early morning walk or group personal training session if you know your friend is waiting for you.

4. Make it challenging
When starting an exercise program we are usually advised to start gradually. While this is true from a physical health point of view, it means we often choose activities that are easy but not very mentally stimulating. Walking around the neighbourhood or using a treadmill at the gym can result in boredom which often leads to us giving up the activity altogether. Instead choose an activity that you can still start gradually but that is also challenging for you. Yoga classes, for example, are provided at many different levels so you can start out in a beginner’s class but later move on to more advanced classes. Alternatively, set yourself a goal, such as competing in a local fun run or half marathon.

5. Plan for different weather
The weather can become an easy excuse for those who are wavering on whether to exercise today or not. Whether it be rain, cold mornings or a heat wave, having alternative exercise planned for these events means you are less likely to stay under the doona or sitting on the couch in the air-conditioning. This might involve having a treadmill at home or knowing of a gym close by that allows casual memberships. Having completely different activities for different seasons, swimming in summer and bike riding in winter, for example, is also a way of reducing the weather’s impact on your exercise regime.

6. Listen to music
There are numerous studies that show the benefits of playing music while you are exercising. It appears that listening to music can help distract us from the efforts of exercising and can also help to increase our performance. If you have ever forgotten your music or had it malfunction while out for your walk or run, you will know how true this is. Different types of music suit different people and different types of exercise. You can make your own compilation of music you like to exercise to or look online for a suitable playlist.

7. Choose activities that match your personality/lifestyle
One of the main reasons people give up an exercise regime is it doesn’t match well with their personality and/or lifestyle. If you spend most of your working life in an office, then choose an activity that takes place outdoors rather than a gym workout. If your work is very stressful and fast paced, then a yoga or Pilates class might provide a good balance. Mums who care for small children might love the solitude of a run or swim on their own.

Kirsten Braun
From 1 December 2017, important changes will be made to the National Cervical Screening Program, the program that aims to prevent cervical cancer by detecting early changes in the cervix.

The key changes to the program are:

- The Pap smear test will be replaced with a human papillomavirus (HPV) test
- Screening will start at age 25 (up from current age of 18)
- The time between tests will change from two to five years
- Women will be invited to screen until 69 years of age and then invited to exit the program if they have a further negative HPV test between 70 and 74 years of age
- A national screening register will be established, replacing the current State and Territory-based Pap smear registers. Invitations and recall letters will be sent out to encourage participation
- New tests will be available on the Medicare Benefits Schedule (MBS).

To better explain the changes and how they will affect women, Women’s Health have answered a number of frequently asked questions.

Why has the Pap smear test been replaced by a test for HPV?

It is known that almost all cervical cancers are caused by persistent infection of HPV. HPV is an extremely common sexually transmitted infection (STI). Most people’s immune system will clear the HPV virus on their own within a year. However, for some women the HPV infection will persist, causing precancerous cell changes. Most of these precancerous cell changes will also return to normal with no treatment. In rare cases, however, the precancerous changes can eventually progress to cervical cancer but this takes between 10 to 15 years.

Since the introduction of cervical screening in Australia in 1991, a large body of scientific evidence has been accumulated, demonstrating that the HPV test is more effective than the Pap smear test for cervical screening. The current Pap smear test looks for precancerous changes in the cells of the cervix. The HPV test, however, actually looks for the presence of the HPV virus which causes these precancerous changes to the cells.

Why the switch to five-yearly tests? Is this still safe?

As the Pap smear test was looking for precancerous changes to the cells it needed to be done every two years. The HPV test detects the virus that causes the precancerous changes and, therefore, is more effective. Women can, therefore, be screened less often, every five years instead of every two years. It is estimated that over a woman’s lifetime the number of tests she will have will drop from 26 to approximately 10.

Screening every five years avoids detecting HPV infections that are likely to clear up on their own within a year. Under the two-yearly screening program, precancerous changes that would usually resolve on their own may have been treated, with some of these treatments increasing the risk of pregnancy complications. Moving to a five-yearly system reduces the chances of this occurring.

Cervical cancer is a very slow progressing cancer. The precancerous stage can last for many years before the development of invasive cancer.
Therefore, it is safe for women to have five-yearly screening rather than two-yearly screening.

If women display any symptoms of cervical cancer (i.e., bleeding between periods, bleeding after intercourse, or unusual vaginal discharge or pain), in the years between tests they should see their doctor.

**Why has the age to start screening changed to 25?**

The age to begin screening has increased to 25 for a number of reasons. The introduction of the cervical cancer vaccine has meant that women aged 20-24 now have a substantially lower risk of cervical cancer. These women would have been offered the vaccination at school and the take-up rate for vaccination in these women is high. The vaccine protects women from the two types of HPV that cause about 70% of cervical cancers.

Cervical cancer is very rare in women under the age of 25, in both HPV vaccinated and unvaccinated women. It is estimated that in 2016, there were 738 new cases of cervical cancer in Australia, with only 13 of these occurring in women aged 20-24.

In addition, evidence shows that since the introduction of cervical screening in 1991, the number of cases or deaths from cervical cancer in women under 25 has not changed. This means that screening women younger than 25 for more than 20 years has had no effect on preventing cervical cancer in this age group. As discussed in the question above, some treatments for precancerous changes can increase the risk of pregnancy complications later in life. Therefore, as the risks of screening this age group (pregnancy complications) appear to outweigh the benefits, the age to begin screening has been raised to 25.

**What if a woman first had sex when she was very young or was the victim of sexual abuse - should these women have their first HPV test earlier than age 25?**

As the incidence of cervical cancer is very rare in women under the age of 25, even women with these circumstances can wait until age 25 to have their first HPV test. If a woman experiences symptoms of cervical cancer (i.e., bleeding between periods, bleeding after intercourse, or unusual vaginal discharge or pain), before the age of 25, they should visit their doctor. Women under the age of 25 with symptoms of cervical cancer would be offered an HPV test. Women who have no symptoms but wish to have an HPV test before the age of 25 are still able to but will not be entitled to Medicare funding, so would need to pay for it themselves.

**What does having the HPV test involve? Is it very different from a Pap smear?**

For the actual test will look and feel the same. Women will still need to get undressed from the waist down, have a speculum inserted into the vagina and have a small sample of cells taken from their cervix. The difference will be the way the sample is examined in the laboratory. The same health professionals who provided Pap smear tests (doctors, nurses, midwives, Aboriginal health workers) will conduct the HPV test.

**What will the new HPV test cost?**

When the new National Cervical Screening Program is implemented, the HPV test will be covered under the MBS. Similarly, it is expected that pathology companies will bulk-bill the test. This means the actual test will be free. However, women may still have to pay for the doctor’s appointment itself, if their doctor doesn’t bulk-bill. Women can ask when they book their doctor’s appointment if they will have any out-of-pocket expenses.

**What will happen after I have the HPV test?**

If a woman’s test is negative (no HPV present), her next test will be in five years. If a woman’s test is positive to HPV, the same sample will undergo further testing. Depending on the type of HPV and if there are any cell changes, a woman may be referred for a colposcopy (a thorough examination of the cervix) or advised to have a repeat test in 12 months.

**I had the cervical cancer vaccine. Do I still need to worry about cervical cancer screening?**

While having the cervical cancer vaccine will reduce the risk of cervical cancer, the current vaccine only protects women from two types of HPV that cause about 70% of all cervical cancers. As the vaccine doesn’t provide complete protection, vaccinated women still need to have cervical cancer screening.

**My Pap smear is due now? Should I wait until the new screening program begins?**

Until the new screening program is in place it is essential that women keep having regular two-yearly Pap smears. Women should not delay having their Pap smear until the new program is implemented. Approximately 80% of women diagnosed with cervical cancer have never been screened or have not had regular Pap smears.

**What happens next? How will I know when to have the new HPV test?**

From 1 December 2017, women aged 25 or over who have never had cervical screening will receive an invitation to have the HPV test from the new National Cancer Screening Register. Women over 25 who had a Pap smear test in the past will receive an invitation to have an HPV test when they are within three months of the date when they would have been due for their Pap test. Women will also receive a reminder from the National Cancer Screening Register if they are three months overdue for their test.

**At what age can I stop having HPV tests?**

Women between the ages of 70 and 74 who have had regular screening and negative results will have an exit (final) HPV test. If this test is also negative, they can then leave the cervical screening program and won’t need to have a further HPV test.

**Take home messages**

- **Move from a Pap smear test to an HPV test which is more effective**
- **The time between tests will change from two to five years**
- **Women can wait until they are 25 to start screening**
- **Having the new screening test will look and feel the same as a Pap smear test**
- **Women will receive an invitation to have the test.**
- **For more info on the changes call the Cervical Health Info Line on 1800 017 676 or 07 3216 0376.**
Sunscreen truths

Why you can get sunburnt despite using sunscreen

There has been much discussion in the media of late about sunscreen and its effectiveness. People have reported getting sunburnt despite applying sunscreen. Sunscreen failure, however, is often due to how well the sunscreen is applied. Read our tips for ensuring that you are adequately protected from the sun’s damaging rays.

Check the expiry date

Sunscreens actually have an expiry date. After this date the sunscreen’s effectiveness may be reduced. While a sunscreen should last for a number of years, the length of time to the expiry date can depend on how long the stock has been on the shelf prior to purchase. Some people have reported buying sunscreen that was close to its expiry date.

Reapply

While most people put sunscreen on initially, they often forget to reapply. When you are having fun at the beach or pool it is easy for time to pass before you realise. To maintain the protection from the sun, sunscreen needs to be reapplied every two hours. The active ingredient in the sunscreen stops working after this time. Swimming, exercising, sweating or towel drying can mean sunscreen wears off even earlier. In these cases, reapplying the sunscreen more frequently is preferable. Even sunscreen that claims to be water resistant for four hours still needs to be reapplied more regularly.

Use enough

Many people underestimate the amount of sunscreen they require to provide adequate protection. Sunscreen can be an expensive product and so people often use less than they require. Typically people use less than half the required amount, therefore, significantly reducing their sun protection. An average-sized adult should apply approximately one teaspoon (5 ml) for each arm, leg, body front, body back and face (including the neck and ears). This is about 35 ml of sunscreen for the entire body. If you consider that a 200 ml bottle of sunscreen contains less than 6 applications, it gives you an idea of how much sunscreen we should be applying.

Understand sun protection factor (SPF) ratings

The difference between a sunscreen with a SPF of 30 and that of one with a SPF of 50+ is very minor. For example, a SPF30 sunscreen provides 96.7% protection from sunburn and skin cancer, while a SPF50+ sunscreen provides 98% protection. People often mistakenly assume that SPF50+ sunscreens provide twice as much protection or last twice as long, but this is not the case.

Not relying on make-up with sunscreen

Most make-up does not have a high SPF. Even if it does it is unlikely that women apply enough make-up to be effective as it is a product that is generally applied far less liberally than sunscreen. The other issue is that many women would not reapply the make-up through the day so the length of time they are protected from the sun might be relatively short.

Correct storage

The effectiveness of sunscreen can be reduced if it is stored in temperatures that are too high. Avoid storing it in the car’s glovebox or leaving it out in the hot sun at the beach. If possible, store sunscreen in a cooler bag on hot days and replace it if it shows signs of deterioration such as looking separated or grainy.

Not rely completely on sunscreen for protection

While sunscreen is an important part of sun protection, it should be used in conjunction with other sun safe practices. Wearing a broad-brimmed hat, sunglasses, protective clothing and seeking shade are all additional strategies that can be used to reduce sun exposure.

What to look for in a sunscreen

There are two main types of sun protection, chemical and barrier. A chemical sunscreen contains chemical filters (e.g., Octylcrylen, Avobenzone, Octinoxate), which absorb ultraviolet (UV) rays. They can be more irritating to the skin. A barrier sunscreen uses zinc or titanium oxide to form a protective layer that reflects the UV rays. Traditional barrier sunscreens gave a ghost-like appearance and were more difficult to apply. However, new formulations use nanotechnology to make the particles smaller and, therefore, easier to apply and with a better appearance. Some sunscreens now contain a combination of chemical and barrier protection. The type of sunscreen you choose depends on individual preference and circumstances. Whether you choose chemical or barrier sunscreen or a combination of the two a sunscreen should be:

- A SPF of 30 or higher
- Broad spectrum (offers protection from both UVA and UVB rays)
- Water-resistant
- Within expiry date.
Study finds exercise reduces breast cancer recurrence

What was the aim of the study?
The study, published in the Canadian Medical Association Journal, reviewed research conducted in the past 10 years on breast cancer recurrence and lifestyle factors to determine which changes can reduce the chance of breast cancer recurrence and death. Lifestyle changes included in the review were exercise, weight management, particular dietary changes, quitting smoking, reducing alcohol consumption and vitamin supplementation.

What were the results?
The review found that of the different lifestyle changes, exercise had the biggest effect on reducing the risk of breast cancer recurrence and death. In most studies, this effect was present regardless of the level of activity before the cancer diagnosis. The review also found that women who gained weight during or after breast cancer treatment were shown to be at higher risk of breast cancer recurrence and death. There are currently no clear indications of whether weight loss or the prevention of further weight gain helps prevent breast cancer recurrence, but a number of studies investigating this are currently underway.

No particular diet has been shown to reduce breast cancer recurrence and soy products have not been found to increase breast cancer recurrence. While more evidence is required, taking moderate amounts of vitamin C supplements may be helpful. It is not clear as to whether quitting smoking affects breast cancer recurrence but as it reduces the risk of other smoking-related illnesses it is worthwhile. While the results of alcohol consumption and breast cancer recurrence are inconclusive, limiting alcohol consumption to one or fewer drinks per day may reduce the risk of a second breast cancer.

What do the experts say?
The authors explain that “all lifestyle factors, physical activity has the most robust effect on breast cancer outcomes. … Because it is common for patients to reduce their level of physical activity after a breast cancer diagnosis, it is important for healthcare professionals to promote and encourage exercise in this patient population.”

What do the results mean for women with breast cancer?
Women diagnosed with breast cancer are often concerned with what they can do to reduce the risk of their breast cancer returning. The results from this review give these women practical advice on where they can make the most difference. For example, following the recommended 150 to 300 minutes of moderate intensity physical activity or 75 -150 minutes of vigorous intensity physical activity (or an equivalent combination of both) each week is one of the most important steps that women can take to reduce their chances of breast cancer recurrence and death. Women should aim to include muscle strengthening activities on at least two days a week.

It can be difficult for women to maintain physical activity during breast cancer treatment due to fatigue or other treatment related side effects. However, the results from this study show the importance of trying to keep some level of activity up. If women are going to choose any lifestyle changes then this is the best option.

Importantly, the study authors caution that lifestyle changes “cannot always improve outcomes of cancer with particularly aggressive biology. Patients should not be made to feel that inadequate lifestyle changes have led to their cancer recurrence.”

Library resources
Endometriosis and pelvic pain
By Dr Susan Evans with Deborah Bush
The third edition of this book covers everything you need to know about endometriosis and pelvic pain, including what endometriosis is and how it is diagnosed. Importantly, the book includes practical information on dealing with the physical and emotional toll of endometriosis or pelvic pain. This book is a great guide for both women newly diagnosed with endometriosis but also for those who have already been on the journey for some time.

Library resources can be borrowed for free by women in Queensland. See our website for more details: www.womhealth.org.au.

Get connected...
Sunsmart
This app has been developed as part of the SunSmart program, jointly funded by Cancer Council Victoria and the Victorian Health Promotion Foundation. The app tells you when sun protection is recommended for your location by using forecast information from the Bureau of Meteorology website and UV data from the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA).

The app can be personalised with your natural skin type, height, weight, age, gender and location in Australia. It can provide an alert when the UV reaches a level that is damaging to your skin and eyes, as well as a two-hour reminder to re-apply sunscreen. Interestingly, it is includes a sunscreen calculator to find out how much sunscreen you need to apply, taking into account your size and clothing. The app is available for iPhone and iPads and Android devices.

Cost: Free
goo.gl/W1ikbl (iPhone) and goo.gl/EBPQ1 (Android).

SkinVision
This app allows people to take pictures of their moles and skin conditions and assess their skin cancer risk. The personal gallery allows people to track particular moles over time. These pictures can even be shared with a doctor. The app does warn that the assessment is not a medical diagnosis, and should not replace a visit to the doctor. The app is available for iPhone, iPad, iPod touch and Android devices.

Cost: Free
goo.gl/EImFy5 (iPhone) and goo.gl/h7Emkj (Android)
Ask a Health Question

Our Health Information Line receives calls and emails from women on a broad range of health issues. This regular column features answers to some of them.

Q I am six weeks pregnant with my first baby and when I had my routine blood tests it revealed I was rhesus negative. What does this mean for me and my baby?

A Everybody’s blood falls into a particular blood group (A, B, AB, O). In addition, blood is further classified as being either positive or negative (referred to as the rhesus status or Rh). The majority of people’s blood is Rh positive but approximately 19% of people have Rh negative blood. If someone with Rh negative blood receives Rh positive blood their body makes antibodies against the ‘foreign’ blood.

Being Rh negative is only an issue in pregnancy if your baby is Rh positive. Your baby’s rhesus status will be determined by you and your partner’s genes. The Rh positive gene tends to be stronger so if a mother is Rh negative and the father is Rh positive the baby is likely to be Rh positive. If the mother and father are Rh negative, the baby will be Rh negative.

During pregnancy, the mother and baby’s systems are usually kept separate. However, there are times when a small amount of the baby’s blood can cross the placenta and enter the mother’s blood. While this is most likely to happen during labour and birth, it can also occur during amniocentesis or chronic villus sampling (prenatal testing procedures), a bleed during pregnancy, blunt trauma to the abdomen during pregnancy, or a miscarriage. When the baby’s Rh positive blood enters your bloodstream, your immune system will react by making antibodies against it, as though it were a foreign object. This is referred to as Rh sensitised.

If the baby’s blood enters the mother’s blood in the first pregnancy, it usually doesn’t cause a problem as it takes time for the antibodies to develop. The risk is usually for subsequent pregnancies. If you have a second baby that is Rh positive, your antibodies may cross the placenta and attack the baby’s blood cells, causing the baby to become ill.

While this can all sound very alarming, especially when you are newly pregnant, rest assured that there are preventative treatments that will minimise the risks. You will be given an anti-D injection at 28 and 34 weeks of pregnancy and after the birth of your baby. These injections destroy any Rh positive cells in the blood, preventing the production of antibodies that might harm future pregnancies. Additional anti-D injections will also be given if you have any vaginal bleeding during pregnancy or if you have amniocentesis or chronic villus sampling.

If you have any further questions regarding your pregnancy, you can talk to one of our midwives on the Health Information Line (numbers below).